

Please type a plus sign (+) inside this box

DECLARATION				ADDITIONAL INVENTOR(S)		
Name of First Joint Inventor, if any:				A petition has been filed for this assigned inventor.		
First Name: Shawn	Middle: M.	Surname: Kappeler	Signs. <input type="checkbox"/>			
Inventor's Signature				Date		<input type="checkbox"/>
Residence: City: Oregon	State: WI	Zip: 53575	Country: US	Citizenship: US		
Post Office Address: 5290 County Highway A						
Post Office Address:	City: Oregon	State: WI	Zip: 53575	Country: US	Signs. <input type="checkbox"/>	
Name of Second Joint Inventor, if any:				A petition has been filed for this assigned inventor.		
First Name: Marissa	Middle: 	Surname: Chelius	Signs. <input type="checkbox"/>			
Inventor's Signature	<i>Marissa Chelius</i>			Date	11/20/01	
Residence: City: Greeley	State: CO	Zip: 80045	Country: US	Citizenship: US		
Post Office Address: 1801 Main Street						
Post Office Address:	City: Greeley	State: CO	Zip: 80045	Country: US	Signs. <input type="checkbox"/>	
Name of Additional Joint Inventor, if any:				A petition has been filed for this assigned inventor.		
First Name:	Middle:	Surname:	Signs. <input type="checkbox"/>			
Inventor's Signature				Date		
Residence: City:	State:	Zip:	Country:	Citizenship		
Post Office Address:						
Post Office Address:	City:	State:	Zip:	Country:	Signs. <input type="checkbox"/>	
Name of Additional Joint Inventor, if any:				A petition has been filed for this assigned inventor.		
First Name:	Middle:	Surname:	Signs. <input type="checkbox"/>			
Inventor's Signature				Date		
Residence: City:	State:	Zip:	Country:	Citizenship		
Post Office Address:						
Post Office Address:	City:	State:	Zip:	Country:	Signs. <input type="checkbox"/>	
Additional inventors are being named on supplemental sheet(s) attached hereto.						

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Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR Declaration
Submitted Submitted after
with Initial Filing Initial Filing

Attorney Docket Number	960296.97257
First Named Inventor	Triplet
COMPLETE IF KNOWN	
Application Number	
Filing Date	herewith
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BACTERIAL INOCULANTS FOR ENHANCING PLANT GROWTH

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(e)(1) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified YES	Copy Attached? NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)
60/251,137	12/04/00

Additional provisional

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.
GSMAD/1311101

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DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name Customer or label
 OR
 List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Herbert W. Mylius	24,578	Bennett J. Benson	37,094
Barry E. Sammons	25,098	Michael A. Jaskolski	37,551
Charles W. Jirauch	26,186	Richard T. Roche	38,599
Nicholas J. Seay	27,386	Terri L. Flynn	41,756
George E. Haas	27,642	John T. Pappas	42,997
Michael J. McGovern	28,326	Daniel G. Radler	43,028
Carl R. Schwartz	29,437	Gregory M. Smith	43,136
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402
John D. Franzini	31,356	Paul D. Amrozowicz	45,264
Janine R. Novatt	32,593	David M. Kettner	45,598
Jean C. Baker	35,433	Adam J. Forman	46,707
David G. Ryser	36,407	Zhilbin Ren	47,897

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto			
Please direct all correspondence to <input type="checkbox"/> Customer or label Number		OR <input checked="" type="checkbox"/> Fill in correspondence address below	

Name David M. Kettner
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 Address P O Box 2113
 City Madison State WI Zip 53701-2113
 Country US Telephone 608/251-5000 Fax 608/251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor		A petition has been filed for this unsigned inventor					
Given Name	Eric	Middle Initial	W	Family Name	Triplett	Suffix	E.g. Jr.
Inventor's Signature						Date	11/29/01

Residence: City	Middleton	State	WI	Country	US	Citizenship	US
Post Office Address <input type="text"/> 4323 Rock Crest Road							
Post Office Address <input type="text"/>							
City	Middleton	State	WI	Zip	53562	Country	US
Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Shawn	Middle Initial	M.	Family Name	Kaepller	Suffix e.g. Jr.		
Inventor's Signature	<i>Shawn Kaepller</i>						Date	11/29/01
Residence: City	Oregon	State	WI	Country	US	Citizenship	US	
Post Office Address	5290 County Highway A							
Post Office Address								
City	Oregon	State	WI	Zip	53575	Country	US	
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
Given Name	Marisa	Middle Initial	K.	Family Name	Chelius	Suffix e.g. Jr.		
Inventor's Signature							Date	
Residence: City	Greeley	State	CO	Country	US	Citizenship	US	
Post Office Address	1601 Sixth Street							
Post Office Address								
City	Greeley	State	CO	Zip	80631	Country	US	
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.		
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		Zip		Country		
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.		
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		Zip		Country		
Additional inventors are being named on supplemental sheet(s) attached hereto								

TICKET NUMBER: 00000000000000000000000000000000